

Case Number:	CM15-0162820		
Date Assigned:	08/31/2015	Date of Injury:	03/06/2015
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 35 year old male, who sustained an industrial injury on 03-06-2015. He has reported injury to the left knee. The diagnoses have included tear of medial cartilage or meniscus of knee, current; tear of lateral cartilage or meniscus of knee, current; and sprain and strain of cruciate ligament of knee. Treatment to date has included medications, diagnostics, ice, rest, and bracing. Medications have included Motrin and Cyclobenzaprine. A progress report from the treating physician, dated 07-09-2015, documented an evaluation with the injured worker. The injured worker reported pain in the left knee; he notes there is some popping in his knee, which is uncomfortable; he has obtained his ACL (anterior cruciate ligament) brace and feels at this time he is 30-40% improved; there is still some shifting in his left knee, but he feels markedly improved and he is trying to do some swimming; he has been using a cane to ambulate; he did not have any cortisone injection; and he has not had any formal therapy. Objective findings included he can stand on his toes and heel and make an effort to squat; left knee range of motion is 0 to 145 degrees with decreased pain, compared to the last visit; he still has a positive Lachman's; and is stable to varus, valgus, and posterior stress. The treatment plan has included the request for physical therapy 3 times a week for 4 weeks, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3 times a week for 4 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed 12 physical therapy visits for the left knee with stated benefit. At this point, the injured worker should be able to continue with a home-based, self-directed exercise program. The request for physical therapy 3 times a week for 4 weeks, left knee is not medically necessary.